

APPENDIX – 3
DEPARTMENT OF WATER RESOURCES WELL DATA FORM 429 (instructional
version)

State of California
The Resources Agency
Department of Water Resources

State Well No. _____

DISTRICT _____

WELL DATA

Owner CURRENT WELL OWNER
Address OWNERS MAILING ADDRESS
Tenant _____
Address WELL ADDRESS IF DIFFERENT

State Well No. _____
Other No. DPR ASSIGNED NUMBER

Type of Well: Hydrograph ☐ Key ☐ Index ☐ Semiannual ☐
Location: County COUNTY Basin _____ No. _____
U.S.G.S. Quad. _____ Quad. No. _____

_____ 1/4 _____ 1/4 Section SECTION, Township. T N/S, Range. R E/W MD
SB
H Base & Meridian

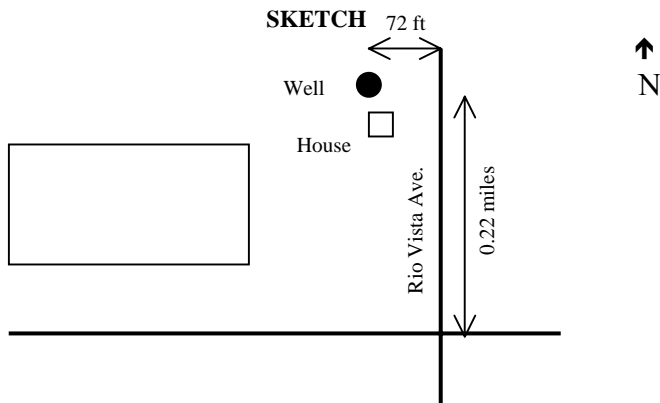
Description _____

Reference Point description DISTANCE NORTH OR SOUTH AND EAST OR WEST OF A MAPPABLE LOCATION. USUALLY AN INTERSECTION. EXAMPLE: 0.22 miles north of Central Ave. 72 feet east of Rio Vista Ave.

Which is _____ ft. Above
Below land surface. Ground Elevation _____ ft.
Reference Point Elev. _____ ft. Determined from _____
Well: Use DOMESTIC, IRRIGATION, STOCK, ETC. Condition _____ Depth IF KNOWN ft.
Casing, size IF KNOWN in., perforations _____

Measurement By: DWR ☐ USGS ☐ USBR ☐ County ☐ Irr. Dist. ☐ Water Dist. ☐ Cons. Dist. ☐
Chief Aquifer: Name _____ Depth to Top Aq. _____ Depth to Bot. Aq. _____
Type of Material _____ Perm. Rating _____ Thickness _____
Gravel Packed? Yes ☐ No ☐ Depth to Top Gr. _____ Depth to Bot. Gr. _____
Supp. Aquifer _____ Depth to Top Aq. _____ Depth to Bot. Aq. _____
Driller _____
Date drilled IF KNOWN Log, filed _____ Open (1) _____ Confidential (2) _____
Equipment: Pump, type SUBMERSIBLE, TURBINE, ETC. Make _____
Serial No. _____ Size of discharge pipe _____ in. Water Analysis: Min. (1) _____ San. (2) _____ H.M.(3) _____
Power, Kind _____ Make _____ Water Levels Available: Yes (1) _____ No _____
H.P. _____ Motor Serial No. _____ Period of Record: Begin _____ End _____
Elec. Meter No. _____ Transformer No. _____ Collecting Agency _____
Yield _____ GPM Pumping level _____ ft. Prod. Rec. (1) _____ Pump Test (2) _____ Yield (3) _____

SKETCH



REMARKS

STUDY: _____ LOC: 40-02
DATE SAMPLED _____

PESTICIDES LOOKED FOR

Atrazine, Bromacil, Diuron, Hexazinone, Norflurazon, Prometon,
Simazine, ACET, DEA, DACT, DSMN, EPTC

LATITUDE AND LONGITUDE OF THE WELL

ANY HISTORY KNOWN, PREVIOUS OWNER, REDRILLING,
NEW PUMP, ETC.

Recorded by: _____
Date: _____